

PATENT

Attorney's Docket No. 1131.0005

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COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

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As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

☒ **X** original

☐ design

☐ supplemental

[NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.]

☐ national stage of PCT

[NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.]

1131.0005-4270650

___ divisional

___ continuation

__x__ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

[WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.]

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor or an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD FOR MEDICAL MANAGEMENT AND REFERRAL REWARD SYSTEM

SPECIFICATION IDENTIFICATION

The specification of which: (complete (a), (b) or (c))

(a) __X__ is attached hereto.

(b) _____ was filed on _____ as _____ Serial No. _____
 or _____ Express Mail No., as Serial No. not yet known _____ and was
 amended on _____ (if applicable).

(c) _____ was described and claimed in PCT International Application No.
 _____ filed on _____ and as amended under PCT Article 19 on
 _____ (if any).

[NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.]

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to the person to be material to patentability as defined in § 1.56.

_____ In compliance with this duty there is

attached an information disclosure statement, 37 CFR 1.97.

PRIORITY CLAIM

T06020"42T0650

(complete (d) or (e))

(e) _____ such applications have been filed as follows.

[NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.]

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION No.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			___ YES ___ NO
			___ YES ___ NO
			___ YES ___ NO
			___ YES ___ NO
			___ YES ___ NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

DOMESTIC PRIORITY CLAIM

I hereby claim domestic priority benefits under Title 37, Code of Federal Regulations § 1.78 (a)(3)-(4) of any provisional application(s) filed in accordance with Title 35, United States Code § 111(b) and Title 37, Code of Federal Regulations § 1.51(a)(2) and § 1.53(b)(2).

(complete (f) or (g))

(f) _____ no such provisional applications have been filed.

(g) X such provisional applications have been filed as follows:

[NOTE: Where item (g) is entered above, enter the details below and make the priority claim.]

DOMESTIC (PROVISIONAL) APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS NONPROVISIONAL U.S. APPLICATION

PROVISIONAL APPLICATION SERIAL NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 CFR § 1.78(a)(4)
60/293,867	May 25, 2001	<u> X </u> YES <u> </u> NO
		<u> </u> YES <u> </u> NO
		<u> </u> YES <u> </u> NO
		<u> </u> YES <u> </u> NO
		<u> </u> YES <u> </u> NO

Add this paragraph at the beginning of the patent application following the title and

Background of the Invention and the Declaration as (d) under SPECIFICATION

IDENTIFICATION:

This application claims the benefit of U.S. Provisional Application, Serial No. 60/293,867, filed on May 25, 2001, in Express Mail Label No. EL 722379068 US by the same inventor, William Kneebusch, entitled **METHOD FOR MEDICAL MANGEMENT AND REFERRAL REWARD SYSTEM.**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Roger D. Emerson

Reg. No. 33,169

(check the following item, if applicable)

____ Attached as part of this declaration and power of

attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Daniel A. Thomson, Esq.

One Cascade Plaza, Fourteenth Floor

Akron, OH 44308-1136

DIRECT TELEPHONE CALLS TO:

Daniel A. Thomson, Esq.

(330) 535-9999

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are

punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: William Kneebusch

Inventor's signature



Date JULY 9, 2001 Country of Citizenship: USA

Residence: 233 Boston Lake Drive, Valley City, Ohio 44281

Post Office Address: 233 Boston Lake Drive, Valley City, Ohio 44281

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

____ Signature for third and subsequent joint inventors. Number of pages added ____

____ Signature by administrator (trix), executor (trix) or legal representative for deceased or incapacitated inventor. Number of pages added ____

____ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added ____

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____ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

____ Number of pages added ____

____ Authorization of attorney(s) to accept and follow instructions from representative

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

 X This declaration ends with this page

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